

EEOC Form 5 (11/09)

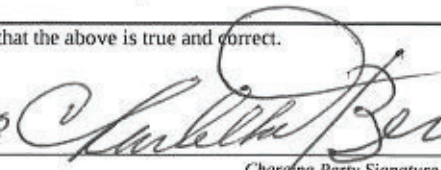
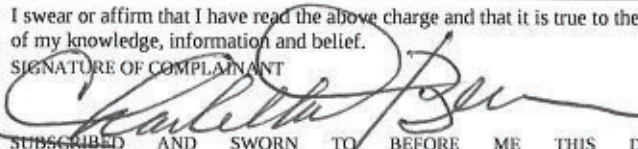
CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> EEOC 437-2023-01866 </div> <div style="display: flex; justify-content: space-between;"> FEPA </div>	
Virginia Office of Civil Rights and EEOC _____ <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs., Miss, Mx., Dr., Hon., Rev.) Dr. Charletta H. Barringer-Brown		Home Phone 804-909-2583	
Year of Birth 1970			
Street Address 5818 Hereld Green Dr, Chesterfield, VA 23832 CHESTERFLD, VA 23832			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Southside Virginia Community College		No. Employees, Members 501+ Employees	
Phone No. 			
Street Address 109 Campus Drive ALBERTA, VA 23821			
Name 		No. Employees, Members 	
Phone No. 			
Street Address 		City, State and ZIP Code 	
DISCRIMINATION BASED ON Retaliation		DATE(S) DISCRIMINATION TOOK PLACE <div style="display: flex; justify-content: space-between;"> <div> Earliest 09/15/2023 </div> <div> Latest 09/25/2023 </div> </div> <div style="text-align: center; margin-top: 10px;"> Continuing Action </div>	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I began my employment with Southside Virginia Community College as Dean of Humanities social sciences and business on or around December 5, 2022. My current position is Dean of Instruction and Dean of Humanities sciences and business. In or around August of 2023 I complained to President Quinton Johnson about discrimination I had received from Dr. Keith Harkens. On or around September 15, 2023, I received a letter of intent to terminate employment.</p> <p>The Respondents reasons for my pending discharge were, failure to follow the direction of your immediate supervisor, failure to meet with faculty leadership to improve relationships, failure to resolve performance issues as outline in the 6month eval, failure to hire faculty critical to the college mission, failure to organize coverage of absent faculty and resolve student complaints, failure to maintain Collegial work environment.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
<div style="display: flex; justify-content: space-between;"> <div> 10/03/2023 Date </div> <div>  Charging Party Signature </div> </div>		<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) </div> </div>	

EXHIBIT
11

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<p align="center">CHARGE OF DISCRIMINATION</p> <p>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p>	<p>Charge Presented To: Agency(ies) Charge No(s):</p> <p align="center">EEOC 437-2023-01866</p> <p align="center">FEPA</p>
<p align="center">Virginia Office of Civil Rights and EEOC</p> <p align="center">_____ State or local Agency, if any</p>	
<p>I believe my pending discharge is due to participating in legally protected activity and my race-black in violation of Title VII of The Civil Rights Act of 1964, as amended.</p>	

<p>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</p>	<p>NOTARY – When necessary for State and Local Agency Requirements</p>
<p>I declare under penalty of perjury that the above is true and correct.</p> <p><u>10/03/2023</u> <u>[Signature]</u> Date Charging Party Signature</p>	<p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT: <u>[Signature]</u></p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)</p>